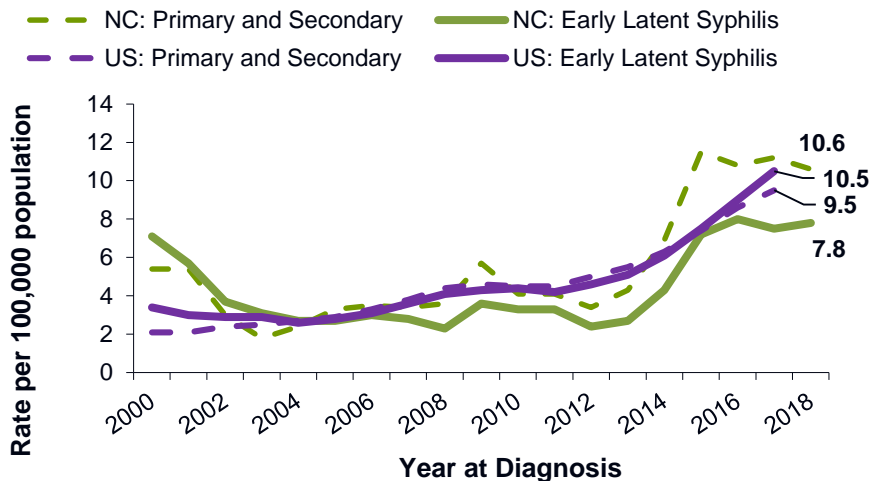




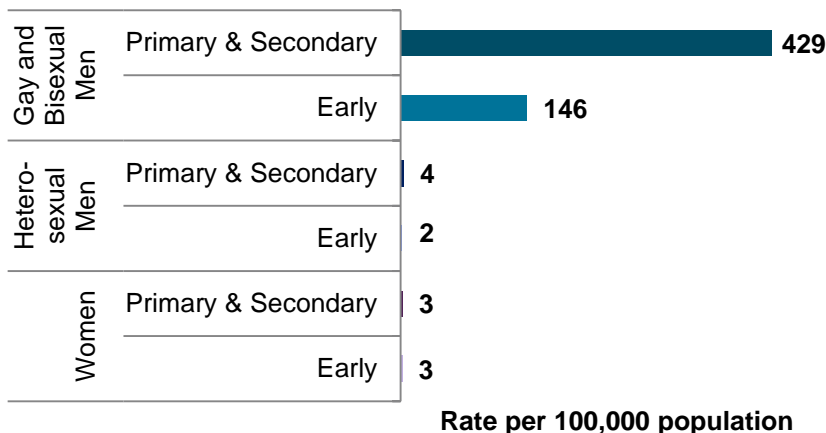
Syphilis in North Carolina, 2018

Rates of syphilis are stable in NC, but continue to increase nationally

- In 2018, 1,914 people were diagnosed with early syphilis (primary, secondary, and early latent) in North Carolina (rate: 18.4 per 100,000 population). The primary and secondary syphilis rate in NC (rate: 10.6 per 100,000) is higher than the most recent national rate (9.5 per 100,000), but similar to many Southeast states ([CDC 2018](#)).
- The majority of cases were among Black/African American men, ages 15 to 34.



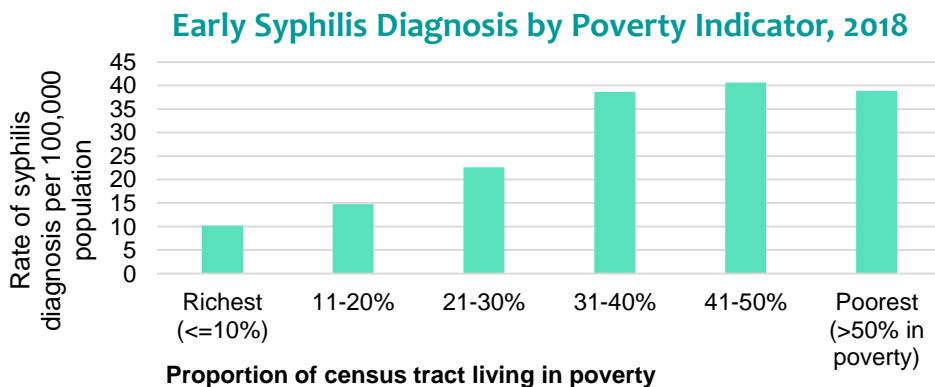
Gay, bisexual, and other men who have sex with men experience the highest rates of syphilis



- Gay, bisexual, and other men who have sex with men experience higher rates of syphilis than other groups in NC and nationally.
- Though rates among women are low, they continue to increase (P&S rate in 2017: 2.5, 2018: 3.0). When untreated, syphilis during pregnancy can lead to miscarriages, stillbirths and birth defects. For more information on congenital syphilis, please see our fact sheet.
- In 2018, among men diagnosed with syphilis, 49% were coinfectd with HIV. Among women, 4% were coinfectd.

Syphilis rates are highest among people living in the most impoverished neighborhoods.

People living in impoverished areas often have less access to resources, including health resources. This can increase the potential for transmission to others.



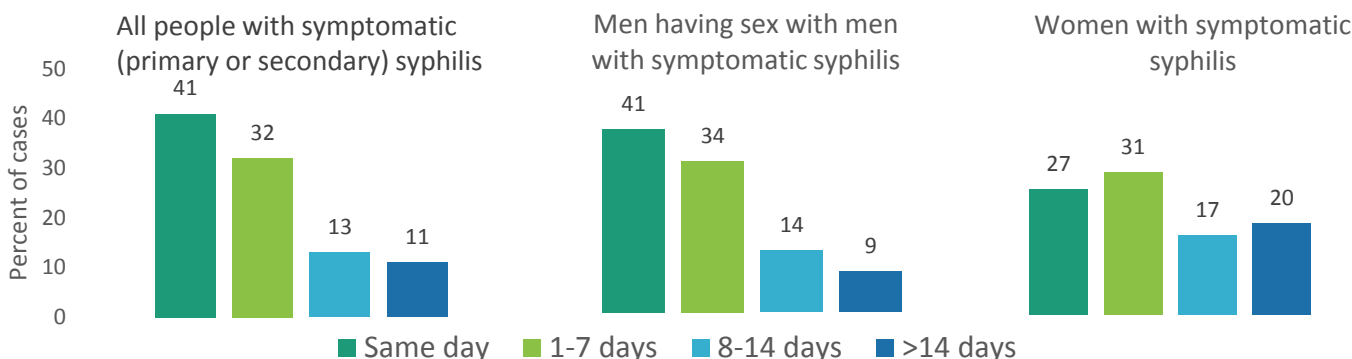


Syphilis in North Carolina, 2018

Most people are treated within two weeks of their syphilis diagnosis However, only about a third of those with symptoms are treated on the day they are seen

- People with symptoms of syphilis or exposure to syphilis should be treated right away, without waiting for laboratory results.
- In 2018, fewer than half of people who had symptoms of syphilis during their clinic visit were treated on the same day; 12% were not treated until more than 14 days after diagnosis.
- Women in particular need appropriate treatment, for their own health and to prevent transmission of syphilis during pregnancy. In 2018, a higher proportion of women with symptoms were treated on the same day (27%) than in 2017 (21%); however, **all** women with symptoms should receive treatment on the same day.

Percent of people with syphilis treated on the same day as the doctor visit or later



What CLINICIANS can do

- **Assess patients for HIV/STD risk factors during every visit.**
- **Screen all syphilis patients for other STDs, including HIV.**
- **Immediately treat any patient with signs/symptoms of infectious syphilis, without waiting for test results.** (CDC resource: <https://www.cdc.gov/std/training/picturecards.htm>).
- **Ensure that ALL pregnant women receive full syphilis screening required by NC Public Health law (first prenatal visit, between 28-30 weeks gestation, and at delivery).**
 - Many babies with congenital syphilis in 2018 were born to mothers who received some, but not all, of the recommended screening tests.
 - Testing for syphilis during first and third trimesters allows the mother to be treated prior to giving birth and can prevent congenital syphilis.
 - Testing at delivery ensures that all potential congenital syphilis infections are identified and treated appropriately.
- **For other resources, visit the National Coalition for Sexual Health compendium:**
<https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/compendium-of-sexual-reproductive-health-resources-for-healthcare-providers>.

What YOU can do

- If you are sexually active make sure your care provider is offering you regular testing for all STDs.
- If you have had a change in your vision or hearing and are sexually active, mention syphilis to your clinician.
- If you are diagnosed with syphilis, notify your sexual partners of the need to seek testing and treatment.

Data Sources: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of May 1, 2019) and the enhanced HIV/AIDS Reporting System (eHARS) (data as of June 26, 2019).